

**HOSPITAL REPORT**
☐ NO 2003 PATIENT SERVICES REVENUE AND/OR PRIOR PERIOD  
ADJUSTMENTS DURING THE CURRENT REPORTING MONTH

NEW YORK STATE DEPARTMENT OF HEALTH

**2003 PUBLIC GOODS POOL****HOSPITAL INPATIENT SERVICES**

REPORT OF 2003 PATIENT SERVICES REVENUE RECEIVED AND SURCHARGE OBLIGATIONS

**(For Services Provided July 1, 2003 through December 31, 2003)**

REPORT MONTH \_\_\_\_\_, \_\_\_\_\_

PROVIDER NAME \_\_\_\_\_ OPERATING CERTIFICATE # \_\_\_\_\_

**WHOLE DOLLARS ONLY**

A	B	C	D
DESCRIPTION	CURRENT MONTH	PRIOR PERIOD ADJUSTMENT	TOTAL (B PLUS C)
1. Total <b>2003</b> Net Patient Services Revenue Received, Including Surcharges, for Services Provided July 1, 2003 - December 31, 2003 <i>(1)</i>			
2. Less Non-Assessable Revenue:			
a. Payments Related to Medicare Eligible Beneficiaries			
b. Payments Related to FEHBA, Job Corps, CHAMPUS/TRICARE and VA Service			
c. Payments Received for Contracted Services Performed for Other Designated Providers			
d. Revenue Received from a Public Hospital Pursuant to an Affiliation Agreement Contract			
e. Revenue Received for Residential Health Care and Hospice Services			
f. Physician Practice or Faculty Practice Plan Revenue Based on Discrete Billings for Private Practicing Physician Services			
g. Payments Received Directly from the Public Goods Pool (included above in Line 1)			
h. Governmental Deficit Financing Grants			
i. Other			
3. Total Non-Assessable Revenue (Total 2)			
4. Total Assessable Revenue (Line 1 minus Line 3)			
5. Net Assessable Revenue Received from Direct Pay Payors:			
a. Medicaid, including HMO/PHSP			
b. Other 6.47% Payors			
c. All Other Direct Payors (8.85% Payors)			
6. Total Net Assessable Revenue Received from Direct Pay Payors (Total 5)			
7. Total Assessable Revenue Received from Non-Direct Pay Payors, Including Surcharges (Line 4 minus Line 6) <i>Breakdown on next page, Lines 8 through 12(b)</i>			

*(1) Including recoveries received from 2003 accounts receivable previously written off as uncollectible.*

NEW YORK STATE DEPARTMENT OF HEALTH  
**2003 PUBLIC GOODS POOL**  
**HOSPITAL INPATIENT SERVICES**  
 REPORT OF 2003 PATIENT SERVICES REVENUE RECEIVED AND SURCHARGE OBLIGATIONS  
**(For Services Provided July 1, 2003 through December 31, 2003)**

REPORT MONTH \_\_\_\_\_, \_\_\_\_\_

PROVIDER NAME \_\_\_\_\_ OPERATING CERTIFICATE # \_\_\_\_\_

**WHOLE DOLLARS ONLY**

A	B	C	D	E
NON-DIRECT PAY PAYORS	TOTAL ASSESSABLE REVENUE <small>INCLUDING SURCHARGES</small>	SURCHARGE FACTOR	ASSESSABLE BASE (B DIVIDED BY C)	SURCHARGE PAYABLE (B MINUS D)
8. Medicaid-HMO/PHSP/ Non-Specified 6.47% Payors		1.0647		
9. Other 6.47% Payors		1.0647		
10. Self-Pay Uninsured and Patient/Secondary Payor Co-pay, Deductible or Coinsurance Amounts (where primary payor is a direct pay payor) (2)		1.0885		
11. Non-Specified 8.85% Payors		1.0885		
12. All Other Non-Direct Payors:				
a. Payor having a GME Liability (3)				
b. Payor not having a GME Liability		1.3482		

13. Total **2003** Assessable Revenue,  
Including Surcharges, for Services  
Provided July 1, 2003 – December 31,  
2003 (Lines 8 through 12(b), Column B)

14. Gross **2003** Surcharges Payable for  
Services Provided July 1, 2003 –  
December 31, 2003 (Lines 8  
through 12(b), Column E)

15. Less: Administrative Fee -  
2% of [Line 12(a), Column D plus Line 12(b), Column D]

16. Net **2003** Surcharges Payable for the Month for Hospital Inpatient Services Provided  
July 1, 2003 - December 31, 2003 (Line 14 minus Line 15) - Carry Forward to Page 4, Line 17 of the **2003**  
Hospital Outpatient Services Report

17. Co-pay or Deductible Patient Payments \_\_\_\_\_

(2) This amount would be net of the amount shown above on Line 17 as co-pay or deductible patient payments for which the patient's third-party payor has directly submitted surcharges.

(3) Fill in the appropriate surcharge factor to be calculated as follows:

1.3482 plus the GME regional surcharge factor from the chart below based on the region in which the hospital is located:

Region	GME Surcharge Factor
New York City	0.2698
Long Island	0.1373
Northern Metro	0.0921
Northeastern	0.0833
Utica/Watertown	0.0222
Central	0.0946
Rochester	0.1841
Western	0.0670

**HOSPITAL REPORT**[ ] NO 2003 PATIENT SERVICES REVENUE AND/OR PRIOR PERIOD  
ADJUSTMENTS DURING THE CURRENT REPORTING MONTH

NEW YORK STATE DEPARTMENT OF HEALTH

**2003 PUBLIC GOODS POOL****HOSPITAL OUTPATIENT SERVICES**

REPORT OF 2003 PATIENT SERVICES REVENUE RECEIVED AND SURCHARGE OBLIGATIONS

**(For Services Provided July 1, 2003 through December 31, 2003)**

REPORT MONTH \_\_\_\_\_,

PROVIDER NAME \_\_\_\_\_ OPERATING CERTIFICATE # \_\_\_\_\_

**WHOLE DOLLARS ONLY**

A	B	C	D
DESCRIPTION	CURRENT MONTH	PRIOR PERIOD ADJUSTMENT	TOTAL (B PLUS C)
1. Total <b>2003</b> Net Patient Services Revenue Received Including Surcharges, for Services Provided July 1, 2003 – December 31, 2003 (1)			
2. Less Non-Assessable Revenue:			
a. Payments Related to Medicare Eligible Beneficiaries			
b. Payments Related to FEHBA, Job Corps, CHAMPUS/TRICARE and VA			
c. Payments Received for Contracted Services Performed for Other Designated Providers			
d. Revenue Received from a Public Hospital Pursuant to an Affiliation Agreement Contract			
e. Revenue Received for Hospice, Adult Day Care and Home Care Services			
f. Physician Practice or Faculty Practice Plan Revenue Based on Discrete Billings for Private Practicing Physician Services			
g. Revenue from Laboratory Specimens Drawn or Collected Outside New York State			
h. Payments Received Directly from the Public Goods Pool (included above in Line 1)			
i. Governmental Deficit Financing Grants			
j. Other			
k. Payments Received for Referred Ambulatory Clinical Laboratory Hospital Services			
3. Total Non-Assessable Revenue (Total 2)			
4. Total Assessable Revenue (Line 1 minus Line 3)			
5. Net Assessable Revenue Received from Direct Pay Payors:			
a. Medicaid, including HMO/PHSP			
b. Other 6.47% Payors			
c. All Other Direct Payors (8.85% Payors)			
6. Total Net Assessable Revenue Received from Direct Pay Payors (Total 5)			
7. Total Assessable Revenue Received from Non-Direct Pay Payors, including surcharges (Line 4 minus Line 6) <i>Breakdown on next page, Lines 8 through 12</i>			

(1) Including recoveries received from 2003 accounts receivable previously written off as uncollectible.

NEW YORK STATE DEPARTMENT OF HEALTH  
**2003 PUBLIC GOODS POOL**  
**HOSPITAL OUTPATIENT SERVICES**  
REPORT OF 2003 PATIENT SERVICES REVENUE RECEIVED AND SURCHARGE OBLIGATIONS  
**(For Services Provided July 1, 2003 through December 31, 2003)**

REPORT MONTH \_\_\_\_\_, \_\_\_\_\_  
PROVIDER NAME \_\_\_\_\_ OPERATING CERTIFICATE # \_\_\_\_\_

**WHOLE DOLLARS ONLY**

A	B	C	D	E
NON-DIRECT PAY PAYOR	TOTAL ASSESSABLE REVENUE <small>INCLUDING SURCHARGES</small>	SURCHARGE FACTOR	ASSESSABLE BASE (B DIVIDED BY C)	SURCHARGE PAYABLE (B MINUS D)
8. Medicaid-HMO/PHSP/ Non-Specified 6.47% Payors		1.0647		
9. Other 6.47% Payors		1.0647		
10. Self-Pay Uninsured, and Patient/Secondary Payor Co-Pay, Deductible or Coinsurance Amounts (where the primary payor is a direct pay payor) (2)		1.0885		
11. Non-Specified 8.85% Payors		1.0885		
12. All Other Non-Direct Payors		1.3482		

13. Total **2003** Assessable Revenue,  
Including Surcharges, for Services  
Provided July 1, 2003 – December 31,  
2003 (Lines 8 through 12, Column B)

14. Gross **2003** Surcharges Payable for  
Services Provided July 1, 2003 –  
December 31, 2003 (Lines 8  
through 12, Column E)

15. Less: Administrative Fee - (2% of Line 12, Column D)

16. Net **2003** Surcharges Payable for the Month for Hospital Outpatient Services Provided  
July 1, 2003 - December 31, 2003 (Line 14 minus Line 15)

17. Net **2003** Surcharges Payable for the Month for Hospital Inpatient Services Provided  
July 1, 2003 – December 31, 2003 (from Page 2, Line 16 of the **2003** Hospital Inpatient Services Report)

18. Total **2003** Public Goods Liability - (Line 16 plus Line 17) (carry this amount forward to the Provider Payment  
Summary)

19. Co-pay or Deductible Patient Payments

(2) This amount would be net of the amount shown above on Line 19 as co-pay or deductible patient payments for which the patient's  
third-party payor has directly submitted surcharges.

# HOSPITAL REPORT

NEW YORK STATE DEPARTMENT OF HEALTH  
**2003 PUBLIC GOODS POOL**  
**HOSPITAL INPATIENT SERVICES**  
 REPORT OF 2003 PATIENT SERVICES REVENUE RECEIVED AND SURCHARGE OBLIGATIONS  
**(For Services Provided January 1, 2003 through June 30, 2003)**

REPORT MONTH \_\_\_\_\_, \_\_\_\_\_

PROVIDER NAME \_\_\_\_\_ OPERATING CERTIFICATE # \_\_\_\_\_

**WHOLE DOLLARS ONLY**

A	B	C	D
DESCRIPTION	CURRENT MONTH	PRIOR PERIOD ADJUSTMENT	TOTAL (B PLUS C)
1. Total <b>2003</b> Net Patient Services Revenue Received, Including Surcharges, for Services Provided January 1, 2003 – June 30, 2003 <i>(1)</i>			
2. Less Non-Assessable Revenue:			
a. Payments Related to Medicare Eligible Beneficiaries			
b. Payments Related to FEHBA, Job Corps, CHAMPUS/TRICARE and VA Service			
c. Payments Received for Contracted Services Performed for Other Designated Providers			
d. Revenue Received from a Public Hospital Pursuant to an Affiliation Agreement Contract			
e. Revenue Received for Residential Health Care and Hospice Services			
f. Physician Practice or Faculty Practice Plan Revenue Based on Discrete Billings for Private Practicing Physician Services			
g. Payments Received Directly from the Public Goods Pool (included above in Line 1)			
h. Governmental Deficit Financing Grants			
i. Other			
3. Total Non-Assessable Revenue (Total 2)			
4. Total Assessable Revenue (Line 1 minus Line 3)			
5. Net Assessable Revenue Received from Direct Pay Payors:			
a. Medicaid, including HMO/PHSP			
b. Other 5.98% Payors			
c. All Other Direct Payors (8.18% Payors)			
6. Total Net Assessable Revenue Received from Direct Pay Payors (Total 5)			
7. Total Assessable Revenue Received from Non-Direct Pay Payors, including surcharges (Line 4 minus Line 6) <i>Breakdown on next page, Lines 8 through 12(b)</i>			

*(1) Including recoveries received from 2003 accounts receivable previously written off as uncollectible.*

NEW YORK STATE DEPARTMENT OF HEALTH  
**2003 PUBLIC GOODS POOL**  
**HOSPITAL INPATIENT SERVICES**  
REPORT OF 2003 PATIENT SERVICES REVENUE RECEIVED AND SURCHARGE OBLIGATIONS  
**(For Services Provided January 1, 2003 through June 30, 2003)**

REPORT MONTH \_\_\_\_\_, \_\_\_\_\_

PROVIDER NAME \_\_\_\_\_ OPERATING CERTIFICATE # \_\_\_\_\_

**WHOLE DOLLARS ONLY**

A	B	C	D	E
NON-DIRECT PAY PAYORS	TOTAL ASSESSABLE REVENUE <small>INCLUDING SURCHARGES</small>	SURCHARGE FACTOR	ASSESSABLE BASE (B DIVIDED BY C)	SURCHARGE PAYABLE (B MINUS D)
8. Medicaid-HMO/PHSP/ Non-Specified 5.98% Payors		1.0598		
9. Other 5.98% Payors		1.0598		
10. Self-Pay Uninsured and Patient/Secondary Payor Co-pay, Deductible or Coinsurance Amounts (where primary payor is a direct pay payor) (2)		1.0818		
11. Non-Specified 8.18% Payors		1.0818		
12. All Other Non-Direct Payors:				
a. Payor having a GME Liability (3)				
b. Payor not having a GME Liability		1.3218		

13. Total **2003** Assessable Revenue, Including  
Surcharges, for Services Provided January  
1, 2003 - June 30, 2003 (Lines 8 through  
12(b), Column B)

14. Gross **2003** Surcharges Payable for  
Services Provided January 1, 2003  
– June 30, 2003 (Lines 8 through  
12(b), Column E)

15. Less: Administrative Fee -  
2% of [Line 12(a), Column D plus Line 12(b), Column D]

16. Net **2003** Surcharges Payable for the Month for Hospital Inpatient Services Provided  
January 1, 2003 – June 30, 2003 (Line 14 minus Line 15) – carry forward to Page 8, Line 17 of the **2003**  
Hospital Outpatient Services Report

17. Co-pay or Deductible Patient Payments

(2) This amount would be net of the amount shown above on Line 17 as co-pay or deductible patient payments for which the patient's third-party payor has directly submitted surcharges.

(3) Fill in the appropriate surcharge factor to be calculated as follows:

1.3218 plus the GME regional surcharge factor from the chart below based on the region in which the hospital is located:

Region	GME Surcharge Factor
New York City	0.2494
Long Island	0.1269
Northern Metro	0.0851
Northeastern	0.0770
Utica/Watertown	0.0205
Central	0.0874
Rochester	0.1702
Western	0.0619

# HOSPITAL REPORT

NEW YORK STATE DEPARTMENT OF HEALTH

## 2003 PUBLIC GOODS POOL

### HOSPITAL OUTPATIENT SERVICES

REPORT OF 2003 PATIENT SERVICES REVENUE RECEIVED AND SURCHARGE OBLIGATIONS

**(For Services Provided January 1, 2003 through June 30, 2003)**

REPORT MONTH \_\_\_\_\_, \_\_\_\_\_

PROVIDER NAME \_\_\_\_\_ OPERATING CERTIFICATE # \_\_\_\_\_

#### WHOLE DOLLARS ONLY

A	B	C	D
DESCRIPTION	CURRENT MONTH	PRIOR PERIOD ADJUSTMENT	TOTAL (B PLUS C)
1. Total <b>2003</b> Net Patient Services Revenue Received, Including Surcharges, for Services Provided January 1, 2003 – June 30, 2003 (1)			
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d. Revenue Received from a Public Hospital Pursuant to an Affiliation Agreement Contract			
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**2003 PUBLIC GOODS POOL**  
**HOSPITAL OUTPATIENT SERVICES**  
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**(For Services Provided January 1, 2003 through June 30, 2003)**

REPORT MONTH \_\_\_\_\_,  
 PROVIDER NAME \_\_\_\_\_ OPERATING CERTIFICATE # \_\_\_\_\_

**WHOLE DOLLARS ONLY**

A	B	C	D	E
NON-DIRECT PAY PAYOR	TOTAL ASSESSABLE REVENUE <small>INCLUDING SURCHARGES</small>	SURCHARGE FACTOR	ASSESSABLE BASE (B DIVIDED BY C)	SURCHARGE PAYABLE (B MINUS D)
8. Medicaid-HMO/PHSP/ Non-Specified 5.98% Payors		1.0598		
9. Other 5.98% Payors		1.0598		
10. Self-Pay Uninsured and Patient/Secondary Payor Co-pay, Deductible or Coinsurance Amounts (where primary payor is a direct pay payor) (2)		1.0818		
11. Non-Specified 8.18% Payors		1.0818		
12. All Other Non-Direct Payors:		1.3218		

13. Total **2003** Assessable Revenue,  
Including Surcharges, for Services  
Provided January 1, 2003 – June 30,  
2003 (Lines 8 through 12, Column B)

14. Gross **2003** Surcharges Payable for  
Services Provided January 1, 2003  
– June 30, 2003 (Lines 8 through  
12, Column E)

15. Less: Administrative Fee - (2% of Line 12, Column D)

16. Net **2003** Surcharges Payable for the Month for Hospital Outpatient Services Provided  
January 1, 2003 – June 30, 2003 (Line 14 minus Line 15)

17. Net **2003** Surcharges Payable for the Month for Hospital Inpatient Services Provided  
January 1, 2003 – June 30, 2003 (from Page 6, Line 16 of the **2003** Hospital Inpatient Services Report)

18. Total **2003** Public Goods Liability - (Line 16 plus Line 17) (Carry this amount forward to the Provider Payment  
Summary)

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(2) This amount would be net of the amount shown above on Line 19 as co-pay or deductible patient payments for which the patient's  
third-party payor has directly submitted surcharges.